

1615#/

**PATENT** ATTORNEY DOCKET NO. 01942-00008

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:			)		
A	Eija Pirhonen, Jan Nieuwenhuis, Auvo Kaikkonen, Tuomo Nieminen, and Franz Weber		) ) )	Examiner	Carlos A. Azpuru
Serial No	: 10/006,800		)	Art Unit:	1615
Filed:	December 4, 200	01	)		1013
IN	ESORBABLE POLYN IPLANT AND METH IPLANT	MER COMPOSITION IOD OF MAKING	) ) )		

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL LETTER

Sir:

In regard to the above identified application, we are transmitting herewith the attached:

- Amendment and Response to Office Action, 1.
- Petition for One-Month Extension of Time, and 2.
- 3. Return postcard.

With respect to additional fees:

- No additional fee is required. A.
- An additional fee is required and has been calculated as shown below: B. \_X ·

CLAIMS AS A	MENDED					
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	23	Minus	20	3	X \$9	= \$27.00
Indep. Claims	13	Minus	10	3	X \$44	= \$132.00
	I		Total Addition	al Claims Fees		\$159.00
Petition/Request for Extension of Time			l month		\$55.00	
			Total Additional	al Fees for this		\$214.00

	Each manapie aspende	in claim should be counted to the name of claims from which is expensed.
	C.	Attached is a check in the amount of \$
	<u>X</u> D.	The Commissioner is hereby authorized to charge the total additional fee of \$214.00 to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.
	E.	The Commissioner is hereby authorized to charge the Petition fee of \$ to Deposit Account No. 19-0733.
0		ssioner is hereby authorized to charge any additional fees or credit osit Account No. 19-0733.

Respectfully submitted,

Dated: October 4, 2004

John P. Iwanicki, Reg. No. 34,628 RANNER & WITCOFF, LTD. 28 State Street, 28th Floor

Boston, MA 02109

(617) 720-9600

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* Each multiple dependent claim should be counted as the number of claims from which it depends.